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Construction Under Way on Health Headquarters



Architect's sketch of the eight-story, \$4,000,000 Headquarters and Laboratory Building of the State Department of Public Health, now being erected on a two-block site just off the University of California campus in the heart of Berkeley

A new phase in the construction of the State Department of Public Health's headquarters and laboratory building in Berkeley was reached November 28th with the beginning of excavation for the foundation for the new eight-story structure. The foundation, which will include 111 caissons as a base for the building, will take an estimated 90 working days to build. Then will

come the structural steel job, which is expected to take another 200 working days. Final construction will then proceed. It is expected that the building will be ready for occupancy in about two years.

The new building will, for the first time in the Department's 80-years of existence, bring together all headquarters units under one roof, with the exception

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of the vital records section which will remain in Sacramento. At present, headquarters units are scattered in three locations in San Francisco and five in Berkeley. The department also has a branch office in Los Angeles and several small field offices in various parts of the State, which will continue to function.

The Berkeley headquarters and laboratory building is being erected just off the northwest corner of the University of California campus, adjacent to the proposed campus site for a new building for the School of Public Health, now in the planning stage. Proximity of the two buildings will facilitate close coordination of the State Department and the School of Public Health.

Shape of the new building will be that of a cross, with the main section eight stories high and the cross-arms four stories. Most of three floors will be occupied by the state laboratories, which now operate from three locations in Berkeley. Offstreet parking will accommodate 200 cars.

Preconstruction history of the building dates back to May, 1948, when the State Board of Public Works authorized purchase of a site. Selection of a two-block Berkeley site, bounded by Oxford, Hearst, Shattuck and Berkeley Way, was followed by acquisition of 12 parcels of land. Clearance of the land began in March of 1950. Negotiations were carried out with the City of Berkeley for abandonment of one block on Walnut Street, which ran through the middle of the two-block site, in exchange for an equivalent amount of land for widening Hearst Avenue and Berkeley Way.

The architectural firm of W. D. Peugh and Associates, San Francisco, drafted the plans for the new building under the supervision of the State Architect.

Contracts for the first two stages of construction were let last month by the State Department of Public Works. For caissons, the contract was let to Payne Construction Company, San Francisco, on a bid of 113,726. The contract for structural steel works was given to Independent Iron Works Incorporated, Oakland, for \$440,000. Government priorities have assured steel and other materials for the structure.

The project is being financed exclusively out of state appropriations. No federal funds are involved.

Health Education Fellowships

Fellowships for graduate study in health education are still available for the remainder of the academic year from the National Tuberculosis Association. Information concerning the fellowships can be obtained by writing the Personnel and Training Service, National Tuberculosis Association, 1790 Broadway, New York 19.

Three Botulism Deaths, Other Food Poisoning Outbreaks Reported

Three food poisoning outbreaks, one resulting in three deaths in Los Angeles from botulism, were reported in California during the last two weeks of November. Some 31 persons became ill in Los Angeles of salmonellosis in which turkey sandwiches were suspected as the vehicle of infection, and in the third outbreak, also in Los Angeles, a large number of approximately 250 persons who ate Boston cream pie reportedly became ill.

The botulism deaths are believed to have resulted from eating a green salad made from "wild weeds." The salad, prepared from a home-canned product, had been served cold. Laboratory studies have indicated type A toxin from this food. The fatal meal was eaten the day before Thanksgiving. The first death, that of the housewife, occurred 11 hours following the meal and while she was being taken to a hospital. It was not until after the death of the second person, a guest at the home, that botulism was suspected. That was 20 hours after the meal. The husband of the first victim died 30 hours after the meal.

The Los Angeles deaths recall a similar outbreak in Fresno in 1945 in which five deaths occurred after the victims had eaten similarly prepared salad, called "par-par," which had been improperly canned and then served cold from the can.

In the outbreak of salmonellosis, 31 cases were found among 41 persons who partook of a midnight supper. Stool specimens from 26 of the cases were obtained, 22 of which contained *Salmonella typhimurium*. A frozen turkey had been roasted, cooled at room temperature, and, after slicing, left unrefrigerated. Specimens of the turkey meat were negative. Two persons who prepared the food were ill following the supper.

In the outbreak which incriminated the Boston cream pie, the food had been prepared 10 hours before it was eaten and had been left at room temperature.

Berkeley Approves Fluoridation

The Berkeley City Council has added its community to the growing list of California communities which have approved fluoridation of public water supplies as a means of preventing dental decay. Following a public hearing on the issue November 27th, the city council adopted a resolution approving the principles of fluoridation. The council's expression of approval was to be forwarded to the water utility district which serves the East Bay area. Similar action has been taken in recent months by other East Bay cities, including Oakland, Richmond, and Alameda.

Los Angeles District Health Council Conducts Hearing Survey

JUDSON D. HOWARD, District Health Educator, Los Angeles City Health Department

Statistics reveal that 3 to 5 percent of school-age children are afflicted with some type of hearing difficulty either in one or both ears. This number increases to approximately 10 percent among adults. The majority of these impairments are directly traceable to accidents, childhood diseases, or the result of obstruction in the drainage tubes of the ear, resulting from an adenoid enlargement. Leading otologists say that these children can be helped if their condition is discovered early. For this reason, the early scientific testing of hearing, followed by appropriate care for those needing it is important to overcome or lessen handicapping auditory impairments.

With this in mind the Watts Health Council, in cooperation with the Hearing Center of Metropolitan Los Angeles, a community chest agency, last spring planned and conducted a "Community-Wide Hearing Test Survey," designed to uncover hearing impairments existing among children of preschool and kindergarten age residing in the Watts district. Special committees were appointed to publicize the program, to poll the parents of small children, to set up neighborhood testing centers, and to arrange for necessary follow-up. Staff of the Watts District, Los Angeles City Health Department, participated actively in the program.

Local newspapers gave liberal coverage to the survey. Ministers read special announcements from the pulpits of the 45 churches in the district. A group of parent volunteers telephoned neighbors encouraging them to have their youngsters tested. Large posters were displayed in all key spots throughout the community. Several thousand leaflets were distributed by youth groups, and special health programs, including film showings and lectures, were presented to local P.T.A., church, and resident housing groups.

When the necessary educational groundwork had been laid, survey questionnaire forms, which were provided by a local high school printing class, were issued to volunteer survey teams composed of Health Council members. These teams polled every household in the community in quest of children of preschool and kindergarten age. When the questionnaires were completed, a master roster of over 3,000 names was compiled and sorted into 10 testing centers scattered throughout the community for the convenience of parents.

Each center was staffed by a skilled audiometrist from the Los Angeles Hearing Center, assisted by a volunteer Health Council member. Post cards were

mailed to parents instructing them when and where to bring children for a hearing test.

In 47 days of the survey, over 2,300 children received a hearing test at the 10 neighborhood centers. Of this number, 102 were found to have some type of impairment. Diagnostic follow-up, provided under the state program for physically handicapped children, included examination by a certified otologist, parent interview and counseling by a medical social worker. Arrangements for free corrective treatment were made if the family was unable financially to seek private care.

So that parents might become acquainted with the problems inherent in raising children with hearing defects, classes were organized under the supervision of the Los Angeles Hearing Center. These classes were set up particularly for parents of children whose impairments could not be corrected.

Joint planning and action for health by public and private agencies and by all interested community groups and individuals characterized the program as it has in similar activities sponsored by the Watts Health Council.

Allocation of Critical Materials for Health Centers Requested

A resolution urging the National Production Authority to allocate more adequately the critical materials needed for health center construction has been adopted by the California Conference of Local Health Officers. At its recent annual meeting in Stockton the conference called attention to the fact that unavailability of critical materials is holding up current health center construction on projects for which funds have been made available. The highest possible priority should be awarded to requests for health center construction, the conference declared.

Adequate public health facilities in critical defense areas of California are essential to the maintenance of civilian health, the resolution points out. In many areas concentration of military personnel in training in California has placed an additional load on civilian health agencies in providing the needed services for such personnel and their families. The resolution states further that "in many places people cannot be admitted for public health services, or are given inadequate service, because of the lack of health center facilities."

Conference of Local Health Officers Chooses New Officers

The California Conference of Local Health Officers elected its panel of new officers for the coming year at their semiannual meeting at Stockton, November 16-17. The incoming president is Dr. Elmer M. Bingham, San Joaquin District Health Officer, who was vice president last year. He succeeds Dr. J. B. Askew, Director of the San Diego Department of Public Health. Dr. Roy O. Gilbert, Los Angeles County Health Officer, who was secretary last year, is the new vice president. Dr. James C. Malcolm, Alameda County Health Officer, is the new secretary of the conference.

Committee Chairmen Appointed

Dr. Bingham has appointed the members of the *Committee on Administrative Practices*, which is the main committee of the conference. It is made up of 13 local health officers, six of whom head study committees of the conference. Problems brought to the conference are turned over to the *Committee on Administrative Practices* which in turn assigns them to the appropriate study committees. The study committees later make recommendations concerning these problems to the *Committee on Administrative Practices*. That committee considers their recommendations and reports to the conference at one of their semiannual meetings.

The new chairman of the *Committee on Administrative Practices* is David Frost, M.D., Alameda City Health Officer. He succeeded John R. Philp, Butte County Health Officer.

A sixth study committee has been added this year, that on civil defense. The new chairmen of the study committees are:

J. B. Askew, M.D., Director of the San Diego Department of Health—*Civil Defense*
Henrik L. Blum, M.D., Contra Costa County Health Officer—*Disease Control and Laboratories*
Saul H. Ruby, M.D., Placer County Health Officer—*Environmental Sanitation*
Robert S. Westphal, M.D., Sonoma County Health Officer—*General Services*
George M. Uhl, M.D., Los Angeles City Health Officer—*Health Center Construction*
Edith F. Young, M.D., Sutter-Yuba Bi-county Health Officer—*Maternal and Child Health*

The members at large of the *Committee on Administrative Practices* are:

Dwight M. Bissell, M.D., San Jose City Health Officer
Harold D. Choep, M.D., San Mateo County Health Officer
Merle Cosand, M.D., San Bernardino County Health Officer
Kenneth W. Haworth, M.D., Napa County Health Officer
John R. Philp, M.D., Butte County Health Officer
Edward Lee Russell, M.D., Orange County Health Officer

Santa Barbara Physician Vacancy

A vacancy for a *public health physician* to act as Director of Communicable Disease Control on the staff of the Santa Barbara County Health Department is announced by Joseph T. Nardo, M.D., County Health Officer. The work also includes physical examinations for students and teachers in county high schools. Salary range is \$550 to \$650. A county car is provided. Applicants must possess a California license to practice medicine. For additional information write to Dr. Nardo, Box 119, Santa Barbara.



Incoming and outgoing presidents of the California Conference of Local Health Officers. New president is Elmer M. Bingham, M.D. (right), San Joaquin District Health Officer; retiring president is J. B. Askew, M.D., Director of the San Diego Department of Health.

Photo by courtesy of The Stockton Record

Lower Court Judges May Commit Recalcitrant TB Patients

The authority of judges of justices' courts, both Class A and B, and of municipal courts to commit recalcitrant tuberculosis patients to the Terminal Island Medical Facility has been upheld by an opinion of the State Attorney General's office. The opinion is based on sections of the Health and Safety Code relating to the investigation and isolation of cases of infectious tuberculosis.

Section 2559.5 of the code requires the health officer, upon the determination that quarantine and isolation of any particular case is necessary for the preservation of the public health, to issue a written order of quarantine or isolation. If the infectious tuberculous individual violates the quarantine or isolation order, the health officer may then notify the district attorney in writing.

Section 2600.5 of the code makes violation of a quarantine or isolation order a misdemeanor. This places jurisdiction over such offenses directly upon the Class A or B justice courts or municipal courts. Thus the superior court, which has no concurrent jurisdiction with any other court, would not have jurisdiction in these cases.

Section 3300.4 of the Health and Safety Code requires that "the State Department of Public Health shall lease any facilities it deems necessary to care for persons afflicted with contagious tuberculosis who violate quarantine or isolation orders of the health officer." The purpose of this section is to make it possible to confine a recalcitrant patient in a place better suited for treatment than a county jail. A ward in the medical facility of the Department of Corrections at Terminal Island (Los Angeles Harbor) has been leased by the State Department of Public Health for this purpose.

The fact that the facility is also a part of the operations of the prison establishment of the Department of Corrections does not make a misdemeanor sentence to Terminal Island illegal, the Attorney General declares, since the power over the whole subject of punishment for crime is vested in the Legislature and the Legislature has seen fit to authorize a facility leased by the State Department of Public Health as a place for confinement of recalcitrant tuberculosis patients.

To the men and women of this generation, it has become apparent that the capacity of the individual to improve the condition of life on this earth is realized only to the degree that the individual understands evolving environmental forces.—Public Health Service Publication No. 84, *Environment and Health*.

New Birth and Death Certificates Effective January 1st

Beginning January 1, 1952, all births and deaths in California will be registered on the new sectionalized certificates authorized by the State Legislature in 1951.

The new certificates have two major sections. The first section contains the information necessary to establish the fact of birth or death. The second section is devoted to the medical and health data.

Under the new legislation, the copy of the certificate which the county recorder receives from the local registrar will contain the first section of the certificate only.

When certified copies of the entire birth or death certificate are required, they can be obtained from the local registrar, which is the health officer in areas served by a full-time health department, or from the State Registrar.

Aids to Community Health Planning Health Council Kit Available

To help communities start new health councils, or make existing ones better, the National Health Council has prepared a new "loan kit" of health promotion literature entitled "Aids to Community Health Planning."

Divided into six sections, the kit contains more than a score of pamphlets, leaflets, and reprints for the use of individuals and groups seeking to improve their community's health programs. The sections are so arranged that they may be parceled out separately for special use.

One entire section is devoted to the step-by-step formation of a council and mobilization of public support.

The material covers programs, activities, structure, and financing of health councils. Sample constitutions and by-laws are included for rural councils, urban councils, and for health divisions of welfare councils.

Most of the material is the work of men and women actively engaged in health council work. Specific programs of active councils are described and council projects suggested. The services and responsibilities of local health departments are outlined, possible pitfalls are mentioned, and the major challenges to health planning bodies are pointed out.

The kit may be borrowed for a month at a time, with privilege of renewal, from the National Health Council, 1790 Broadway, New York 19, or purchased from them for \$2.50.

State Civil Service Examinations

The State Personnel Board has announced a series of examinations for employment with the State Department of Public Health. All applicants must be U. S. citizens but California residence is not required for any position on this list except that of *Sanitary Inspector* which requires one year's residence immediately prior to the examination date.

Nation-wide examinations will be given as needed for the positions of *Public Health Medical Officers, Grades I and II*. The rest of the examinations will be given only in California.

Public Health Medical Officer, Grades I and II. Final filing date—January 15, 1952. Examination date—February 5, 1952. Grade I applicants must have graduated from an approved medical school within the last 10 years and have completed internship in an approved hospital. Two years experience in medical practice is required with credit for a year's graduate study toward a master's degree in public health. Salary range: \$556-\$676. Grade II applicants must have had three years of full-time public health medical experience in a public health agency with credit given for military experience in preventive medicine and postgraduate training in an accepted specialty. Salary range: \$613-\$745. Candidates successful in the examination must secure a license to practice as a physician and surgeon in California before they are eligible for appointment to a position in either grade.

Dentist. Final filing date—January 8, 1952. Examination date—January 29, 1952. Positions in this class exist with the Department of Mental Hygiene, the Youth Authority, and the Department of Corrections as well as with the Department of Public Health. Applicants must have graduated from an approved dental school and those successful in the examination must secure a license to practice as a dentist in California before they are eligible for appointment. Salary range: \$481-\$584.

Maternal and Child Health Nursing Consultant. Final filing date—January 5, 1952. Examination date—January 26, 1952. Applicants must possess a valid license as a registered nurse in California and a certificate as a public health nurse in California or obtain both after successful completion of the examination before they will be considered eligible for appointment. Educational requirements are equivalent to graduation from college, including or supplemented by an approved curriculum in public health nursing and at least four months' specialized study in maternal and child health nursing. The required experience is four years of experience within the last 10 years as a public health nurse, two years of which must have been in a

generalized public health nursing program including experience in maternal and child health nursing. Salary range: \$358-\$436.

Junior Sanitary Engineer. Filing date—February 2, 1952. Examination date—March 1, 1952. Applicants must have the equivalent to graduation from college with major work in sanitary, public health, chemical, or civil engineering. (Senior students may take the examinations but must produce evidence of graduation or its equivalent before being considered eligible for appointment.) Applicants with education equivalent to completion of the twelfth grade may take the examination if they have had two years of sanitary or public health engineering experience. Salary range—\$325-\$376.

Sanitary Inspector. Filing date—January 26, 1952. Examination date—February 16, 1952. Applicants must have been California residents for at least a year prior to the examination. Possession of a valid certificate of registration as a sanitarian in California is required for this position. Applicants without this certificate may take the examination but they will not be appointed until they have obtained it. Salary range: \$281-\$341.

Applications for all the above positions are obtainable from the State Personnel Board in Sacramento, San Francisco, Los Angeles, and at local offices of the Department of Employment.

Dr. Karl F. Meyer Honored by Lasker Award

Dr. Karl F. Meyer, Director of the Hooper Foundation for Medical Research of the University of California, was the recipient of one of the six 1951 Lasker Awards presented by the American Public Health Association. The presentation was made at the recent annual meeting of the association in San Francisco.

The Lasker Awards are made annually for outstanding contributions to scientific research related to diseases that are frequent causes of death and disability and for distinguished services in the field of public health. Winners this year were presented with \$1,000, a leather-bound citation, and a gold statuette of the Winged Victory of Samothrace.

Dr. Meyer's citation was "for bacteriological research that has benefited mankind for four decades." The distinguished California pathologist and bacteriologist is internationally known for his medical research. He is probably best known for his work on botulism, but he has made signal contributions to scientific knowledge of sylvatic plague, brucellosis, ornithosis, western equine encephalomyelitis, relapsing fever, mussel poisoning, leptospirosis, and Q fever.

Water Pollution Control Report Issued on California

Sewage and waste treatment projects are needed at 220 municipal and industrial locations in the California Basin to bring water pollution under proper control in an area including nearly all of California and part of southern Oregon. This recommendation is contained in a cooperative state-federal report on water pollution in the California Basin which is one of a series of reports on the major drainage basins of the Country being prepared under authority of the Water Pollution Control Act of 1948.

The California Basin Summary Report has been published by the Public Health Service, Federal Security Agency, as one in a series of 15 reports covering the entire Country. These reports are prepared largely on the basis of information supplied by the states. Because much data still must be developed, they do not present final summaries of the pollution situation in each drainage basin, although they show where water pollution control measures are known to be needed for municipalities and industries.

State agencies which supplied information for preparation of the California Basin Summary Report, largely by providing basic data on conditions of stream pollution, are the California State Department of Public Health and the Oregon State Sanitary Authority. Information for the California portion of the report was obtained during the organization and staffing period of the state and regional water pollution control boards so that they were not in a position to supply the necessary data. However, preliminary drafts of the report were referred to these boards for review.

Pollution Load

The report states that a total of 529 municipalities, institutions and sanitary districts discharge sewage equivalent to that produced by a population of nearly 8,500,000, including industrial wastes discharged through public sewerage systems.

There are also 443 known separate industrial waste outlets in the basin. Of these, 83 produce organic wastes equal to that which a population of 2,800,000 would produce. Two hundred and ninety-seven others produce organic wastes for which the population equivalent is undetermined, and 63 produce inorganic wastes, or wastes of undetermined type.

Accomplishments and Needs

The report states that good progress has been made on pollution abatement in the basin in recent years. Between 1946 and 1950 there were 101 municipal treatment plants built to serve a potential population of

5,870,000. Much of the construction was stimulated by state funds made available on a matching basis for postwar construction of needed public works in California. Approximately 83 percent of the sewered communities and 76 percent of the sewered population of the basin are now served by waste treatment facilities.

On the basis of available data, which are admittedly incomplete, there are 220 sewage and waste treatment projects needed in the basin including 204 for municipalities, with a combined population of 2,755,000, and 16 for industries. Many of the municipal plants treat industrial as well as domestic wastes. Indicated needed for municipalities are 84 new treatment plants, enlargements or additions to 62, and replacement of 58 plants. Because of the scanty information available on industrial wastes, the known treatment plant needs in industry, indicated in the report as nine new plants, six enlargements or additions, and one replacement, are undoubtedly only a small portion of total needs.

The report states that no projects are needed at 232 municipal and 38 industrial locations, but that project needs are undetermined for 13 municipalities and 389 industries. It shows that 438 municipalities and 199 industries have sewage and waste treatment facilities.

The report emphasizes that where water is as essential as in the California Basin, it is important that none of the water resources be lost through pollution. In fact, reclamation of sewage in some instances may be cheaper than importation of additional water.

Further Action

In addition to the construction program required for pollution control, a comprehensive study of industrial waste problems, research into water quality requirements for specific uses, research on and pilot plant studies of industrial waste treatment, and a continuing basin-wide sampling and analytical program to ascertain water quality are recommended for a sound pollution abatement program in the basin.

Copies of the PHS report have been distributed to California agencies concerned with water pollution control by the State Water Pollution Control Board, 305 Financial Building, 927 10th Street, Sacramento. In March, 1951, the Surgeon General of the Public Health Service designated that board as the state water pollution agency for the purposes of the Federal Water Pollution Control Act. Mr. Vinton W. Bacon is the board's executive officer.

Nutrition studies indicate that of all the members of the family the teen-age girls, young adult women and elderly family members are in the poorest state of nutrition.—*Food and Nutrition.*

American Water Works Association Reaffirms Fluoridation Stand

The American Water Works Association has reviewed its position on fluoridation, and this month publicized a reaffirmation of general principles approved first in 1949.

As reported by the Bureau of Sanitary Engineering following a meeting of the AWWA's California Section, the national organization is circulating a letter from its secretary among dental, medical and public health authorities. The letter reads in part as follows:

Dear Sir:

More than two years ago, after a careful review of the subject, the Board of Directors of the American Water Works Association released an official statement of opinion concerning fluoridation of public water supplies. This was the first statement of policy upon the subject released by any association having an interest in the subject.

In May, 1951, the board again reviewed the situation and adopted the following statement:

"Two years ago (June, 1949) in convention in Chicago, the American Water Works Association adopted by resolution this statement of policy with reference to the fluoridation of public water supplies:

'In communities where a strong public demand has been developed and the procedure has the full approval of the local medical and dental societies, the local and state health authorities and others responsible for the communal health—water departments or companies may properly participate in a program of fluoridation of public water supplies.'

"The past two years have shown this position to be sound. It is now reaffirmed.

"Recommendations for fluoridation are the prerogatives of the dental, medical and public health groups. When the proper authorities approve the treatment, it then becomes the function of the water works utility and industry to follow through willingly and intelligently where proper controls are assured."

The policy established by the board of directors has not been clearly understood by some and this letter is intended to clarify the matter.

This association is an organization of engineers, administrators and staff personnel engaged in or interested in the furnishing of public water supply. It is not an organization of professional men in the fields of dentistry and medicine.

It has expressed itself plainly as ready and willing to cooperate with dental and medical men who advocate fluoridation.

It does not promote fluoridation.

Our officers and directors feel that recommendations concerning the application of the procedure at the local level properly stem from the dental, medical, and public health groups.

Your understanding of this position is hoped for. Your cooperation in disseminating this information is requested.

Cordially yours,

(Signed) HARRY E. JORDAN, Secretary

East Bay Sewage Disposal System Ready to Begin Operation

The East Bay Municipal Utility District's new sewage disposal plant will be in operation in just a few weeks to serve the six cities of Albany, Berkeley, Emeryville, Oakland, Piedmont and Alameda.

The East Bay Municipal Utility District is a political subdivision of the State comprising nine cities and a large unincorporated surrounding territory. Since 1923 the district has been responsible for only the water supply for the area. In 1944 voters of six East Bay cities organized by special vote the "Special District No. 1 of the EBMUD." The purpose of this special district was to provide a legal agency for handling the sewage disposal problem of the six cities.

The new plant and interceptors, which cost \$23,500,000, will be collecting and treating 85,000,000 gallons of raw sewage daily.

The project consists of three large interceptors which will collect sewage from the various city sewer systems, a primary sewage treatment plant, and an outfall sewer to discharge the effluent into the deeper waters of San Francisco Bay. Due to the great length of the interceptors and lack of natural fall, a number of booster pumping plants will be required.

Treatment will consist of the following major elements:

1. Course screening of raw sewage;
2. Grit chambers;
3. Sedimentation tanks;
4. Effluent screens;
5. Sludge disposal structures and equipment;
6. Chlorination.

The capacity of the interceptor sewers was computed on the basis of the tributary areas, populations, and quantities of sewage for the year 2000. The treatment facilities were constructed for the year 1970 requirements only, but with provision for ample room for expansion.

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